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APPLICANTS

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** CONTINUING DATA *None*** FOREIGN APPLICATIONS *9/1*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/02/2001

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ITALY	SHEETS DRAWING 5	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Signature	Initials				

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TITLE

Imaging system and method

FILING FEE RECEIVED 1412	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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